VA Operations
Reservations Call Center
798 Park Ave NW
Norton, VA 24273
Phone: 866.679.6330
Fax: 866.907.1491

TRANSPORTATION REQUEST FORM

(For single date trip requests)
Must Be Submitted 5-Business Days Prior to the Appointment Day
Trip Requests with Less Than a 5-Business Day Notice Must Be Called In
To be processed ALL fields MUST be completed and legible; failure to do so will result in the trip request being denied.

Facility:	Trip Requestor:	Professional Title:
Requestor Phone #	Requestor Fax #	Trip Date:

Member Name (Last, First, MI)		Special Needs: (Please include special equipment or pick-up/drop –off instructions)
DOB: _____/_____/_____	Escort: o Yes o No	
Insurance Type:	Medicaid ID #	o Car Seat (***Member must provide car seat)***

LEVEL OF SERVICE AND LEVEL OF ASSISTANCE:

o Curb-To-Curb o Door-To-Door o Hand-To-Hand

o Ambulatory o Wheelchair o Stretcher o Bariatric Stretcher o Stretcher Van

Medical Condition that Requires Wheelchair or Stretcher:_____ _

Weight:_____ Height:_____ Stairs(#):_____ Wheelchair Type: o Manual o Electric

(Height and Weight are Required for All Wheelchair, Stretcher and Stretcher Van Requests)

Is the member able to transfer from his or her wheelchair, in and out of a vehicle safely: o Yes o No

PICK-UP INFORMATION

P/U Facility Name/Residence:	Phone #
Address/Apt:	City, State ZIP

DROP-OFF INFORMATION

D/O Facility/Complex Name:	Phone #
Address/Suite:	City, State Zip:
Appointment Time: _____ o AM o PM o One Way or o Round Trip	Will Call o Yes o No Return Time: _____ o AM o PM
Appointment Reason:	o Public Transit o Mileage Reimbursement Does your facility provide its own transportation? o Yes o No Requested Provider Name:("not guaranteed")

NAME: _____**SIGNATURE:** _____ **DATE:** _____